

Assessment Questionnaire for Elderly

1. What is your marital status?
 - a. Never married
 - b. Married
 - c. Separated but not divorced
 - d. Divorced
 - e. Widowed
2. Who lives with you?
 - a. Nobody
 - b. Spouse
 - c. Friend
 - d. Daughter
 - e. Son
 - f. Other
3. Do you get regular help from an agency?
 - a. yes
 - b. no
4. Do you need help with any of the following?
 - a. medication
 - b. nursing
 - c. physical therapy
 - d. dental care
 - e. eye care
 - f. bathing
 - g. dressing
 - h. using the toilet
 - i. shopping
 - j. cleaning
 - k. cooking
 - l. home repairs
5. Do you have other needs?

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